Chapter 2

Exploring the Child Welfare System Connection

Objectives for this chapter are to:

- identify and discuss the implications of provisions in federal welfare reform regulations that may impact the child welfare system and the families and children it serves, including those with special mental health needs; and
- present practical examples for maximizing the flexibility available through welfare reform to collaboratively use resources and improve benefits and outcomes for families and children.

Key Issues

This chapter describes a number of key issues related to welfare reform that are important for families and children involved with the child welfare system and for all the agencies working with them. The description of each issue addresses its significance, cites relevant provisions of the law, and presents local and state practice examples.

- **Children Living with Relatives**—Resources and services available for relative caregivers are impacted by the welfare reform law.

- **Children Absent from the Home**—Provisions in the law address how long parents can receive assistance for children who are absent from the home. For parents whose children are in foster care, these provisions impact services and assistance available for the family and plans for reunification.

- **Drug and Alcohol Issues**—Parents with drug felony convictions face new restrictions related to TANF and food stamps. States have options in the way that they implement these restrictions and how they address substance abuse treatment for TANF recipients.

- **Domestic Violence Issues**—Welfare reform requirements and allowances related to domestic violence provide states with an opportunity to assist families involved in domestic violence.
**Overview**

As stated in the HHS guide on Helping Families Achieve Self Sufficiency, if welfare reform is to succeed over the long run, collaboration among a wide range of community organizations and governmental agencies must occur (HHS 1999a). Families receiving assistance through welfare reform are vital participants in such collaboration. This chapter addresses a specific part of these collaborative efforts. Many parents who, in some way are involved with the child welfare system, also are the focus of welfare reform. Nationally, more than half of the children in foster care come from homes that are eligible for welfare payments. The proportion of the foster care caseload that includes children from families eligible for welfare increased from 11% in 1970 to 53% in 1996 (Geen and Tumlin 1999). Many of the parents and children in these families also need services from the mental health system. This chapter focuses on TANF recipients who are involved in, or at increased risk for involvement, with the public child welfare system and for whom achieving sustained employment is difficult. The combined efforts of community organizations and cross-system government agencies, especially the child welfare, mental health, substance abuse, and TANF systems, are required to help families caring for children with complex needs and families in which parents themselves face multiple barriers.

Persons concerned about the well-being of children view welfare reform with a variety of emotions from anticipation and hope to concern and skepticism.

- **Anticipation** stems from the hope that families will become self-sufficient; that a job, independence, and increased income will strengthen families and thus the well-being of their children; and that children will be cared for in their own homes or in the homes of relatives.

- **Concern** rises from the fear that the supports needed to achieve self-sufficiency are not adequate; that time limits, work participation requirements and sanctions for non-compliance will have the greatest
impact on TANF recipients who are least able to comply; and that increased stress and financial pressures will lead to increased child abuse or neglect and/or family violence.

It is not yet clear which, if either, of these scenarios may be realized.

Early studies note that it is difficult to draw definitive conclusions about the effects of welfare reform on children and families, including child well-being and family stability (GAO 1998a). Such studies indicate that although individual states are tracking what happens to families when they leave welfare, they are focusing mostly on outcomes such as employment status, earnings level, job retention, benefits, and reasons for leaving welfare. In 1998 less than 20% of the states were tracking subsequent or increased involvement in the child welfare system (NGA 1998).

Research Digest, a web-based publication of the American Public Human Services Association, reviewed 20 state studies tracking former TANF recipients, as well as studies linking administrative data from multiple state programs. The Digest describes the findings from six of the state studies that tracked rates of child abuse and neglect and entry into foster care. Although additional states were tracking entry into the child welfare system, the Digest reviewed only those six studies with a 50% or greater survey response rate. From these six studies the review concludes:

- there is little evidence that the event of leaving the TANF caseload, in and of itself, increases a family’s risk of involvement with the child welfare system; however,

- there are a number of other factors associated with a family’s contact with the child welfare system after leaving TANF. These include: prior history of child welfare involvement; receiving TANF sanctions; remaining on assistance for longer periods of time; and facing multiple barriers to employment, including issues such as substance abuse, health and mental health problems, and domestic violence. (APHSA 2000).

A recent New York Times article (8/10/00) sites federal statistics which show a slight decline in recent years of confirmed cases of child abuse and neglect and in the number of children entering foster care. However, the article also quotes researchers who caution that multiple factors, outside of welfare reform, impact these trends. These include the general economic health of the country, declining rates in child poverty, and reform of the child welfare system itself. Although these researchers did not find significant negative effects from welfare reform on child welfare, states they have spoken with suggest that it is too early to tell, and that they should come back in two more years (Sengupta, 8/00).

As states address the impact of welfare reform on the child welfare system, it is not enough to determine whether more children are
entering the child welfare system. It is important also to determine how welfare reform impacts the ability of children in placement to return home. Growth in the foster care caseload is due to the imbalance between entrances into and exits from the system. Even when admissions to foster care remain stable (or are reduced), the caseload will continue to grow unless children are leaving to return home or for other permanent placements at an equal rate (Young and Gardner 1998).

Tracking and Monitoring the Impact of Welfare Reform on Children

- The Community Monitoring Project is a Children’s Defense Fund (CDF) initiative supported by the Ford Foundation and the Kellogg Foundation to track the impact of welfare changes on children and families. CDF will assist state and local organizations that monitor child care, employment and training, child support, health, and child protection implications. They also will provide training in research methodology and assist with dissemination of findings. Ten states are targeted for this project—California, Florida, Georgia, Illinois, Louisiana, Michigan, New York, Ohio, Pennsylvania, and Texas. For more information see www.childrensdefense.org (Kaplan 1998).

- In 1996, one-year planning grants were awarded by the U.S. Department of Health and Human Services to 12 states with existing welfare demonstration waivers to establish a core set of measures of child outcomes. Measures agreed upon by these 12 states were education, health and safety, and social and emotional adjustment. The experiences of the planning phase led to the publication of Children and Welfare Reform: A Guide to Evaluating the Effects of State Welfare Policies on Children by Child Trends. Child Trends also produced a report entitled An Overview and Synthesis of the Project on State-Level Child Outcomes. (See www.childtrends.org.)

Following the 12 planning grants, five states (Connecticut, Florida, Indiana, Iowa, and Minnesota) were awarded operational grants to assist in collection of data on the child outcome measures. Although results from this phase are not yet available, they are expected to be published in 2000 and 2001.

- A January 1999 study of 173 welfare recipients in the Chicago, Illinois metropolitan area found that declines in welfare income, economic hardship, the recent birth of a child, housing moves, poor child health, and the occurrence of various disruptive life events were all strongly associated with risk of involvement in the child welfare system. However, the welfare income declines were significantly associated with child welfare risk only in the absence of parental employment. Sanctioned recipients who experienced both the loss of the grant and the absence of employment had an overall greater rate of child welfare involvement over a one year period than did others who lost welfare income. Therefore, it remains a question of whether it is the loss of the welfare grant or the inability to find or sustain employment that impacts child welfare involvement (Shook 1999).
Children Living with Relatives

Significance
Extended family members have long played a role in caring for children when their parents are unavailable or unable to do so. According to the U.S. Census Bureau, more than 2 million children now live in kinship care arrangements of some type; 10% of these, or approximately 200,000 are foster children (Geen and Boots 1999). In 1997 approximately 22% of the national TANF caseload was made up of households in which adults, who were not receiving assistance themselves, received funds for the relative children who lived with them.

The implications of welfare reform, both its flexibility to provide support for families caring for kin and its work requirements and time limits, are particularly significant for families of color, in particular African American families, where the care of a child by extended family members has been a way of sustaining and maintaining the family system.

Relevant Provisions of the Law

Kinship Care
- The 1996 welfare reform act solidified the role of kinship care as a federal policy issue by officially encouraging states to “consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant state child protection standards” (Geen and Boots 1999).

Child-Only Cases
- Federal welfare legislation gives states the option to provide assistance to relatives who care for welfare-eligible children. All states currently do so. In all but four states, relative caretakers who receive TANF funds have a choice—to receive cash assistance for themselves and the relative children they care for, or to receive a “child-only” grant (a relative caregiver who chooses a “child-only” grant does not receive any cash benefits for herself). In the four states that regulate whether non-parent, relative caretakers are included in the assistance grant, three require them to be included in the assistance unit. One state prohibits non-parent, relative caretakers from being included (SPDP 1999).
- A relative caregiver who receives assistance for herself, as well as for her related child(ren) who live with her, is subject to the TANF time limits and work requirements addressed under the Key Issues in Chapter 1 of this document. These requirements do not apply when assistance is received only for the child.
With some exceptions, “child-only” TANF payments are lower than foster parent payments for relative caregivers who care for children in the custody of a child welfare agency.

States can allow work requirement and time limit exemptions for relatives who care for children who were abused or neglected, thus providing TANF for the adults, as well as the children (Tweedie et al 1998).

### PRACTICE EXAMPLES

**Kinship Care Initiatives**

Some states have created new kinship care financing strategies through TANF programs (Geen and Boots 1999).

- Through the TANF program, the **El Paso County, Colorado** Department of Human Services provides kinship services to relatives, typically grandparents raising their grandchildren. These services include both increased financial assistance through child only grants and support services aimed at keeping the extended kinship family intact. Many of these families are identical to those who enter the child welfare system, except that relatives, typically grandparents, have stepped in before the child welfare agency becomes involved. A team composed of a child welfare worker and a TANF technician, both funded by TANF, provide strength-based support to families. Which decreased the likelihood that they will become more deeply involved in the system. This support is based on what the families’ determine is needed to maintain the children in their homes. Individualized services, grandparent support groups, and assistance in connecting with community resources are included in this support. The team has access to flexible TANF funding to assist the kinship families.

- The department also is developing a subsidized guardianship program for grandparents who have cared for grandchildren who are in the custody of the department for an extended period of time and who are receiving foster care payments. Under this subsidized guardianship model, custody will be transferred to the grandparents, a subsidized guardianship agreement will be signed, and voluntary services will be offered to the family. TANF serves as the funding stream for the subsidized guardianship program (Berns and Drake 1999).

- **Wisconsin** has developed a kinship care payment system separate from its foster care system, which provides an ongoing subsidy to kinship families. Under the program kin families are subject to a review similar to non-kin foster care arrangements, which take place every 12 months, to ensure that safety issues are being addressed.

- In **Florida**, TANF funds are being used for the Relative Care Giver Program. When a child is determined by the court to be “dependent” and is placed with a relative, the relative caretaker can receive payments of up to 80% of the foster care rate. This arrangement avoids a custody transfer to the state child welfare agency and placement in foster care.

- The **California** state TANF plan includes the Kin-GAP program that will serve children (who may have been receiving AFDC-FC or CalWORKs) who are leaving the foster care system to enter a guardianship with a relative. A child’s caretaker relative is eligible to receive a Kin-GAP payment if the child lives with the relative for at least 12 months, the relative guardianship is established, and dependency status with the state is dismissed any time after January 1, 2000. The plan states that “once the dependency is dismissed, no follow-up services are required and the child welfare case will be dismissed” (State of California 1999).

- **California** also exempted kinship caregivers that are caring for dependent wards of the court or children determined to be at-risk of entering foster care from the 24-month time limit on receipt of TANF. Forty percent of the kinship caregivers in California are TANF recipients (Duerr-Berrick 1998).
Children Absent from the Home

Significance
Provisions of the law regarding children absent from the home have a significant impact on the resources that are needed and available for families on TANF whose children are placed out of the home and who are working toward reunification. The proportion of the foster caseload that includes children from families eligible for welfare was 53% in 1996 (Geen and Tumlin 1999).

Relevant Provisions of the Law

Section 408(a)(10)
Federal welfare reform regulations prohibit families from receiving assistance for minor children who have been, or are expected to be, absent from the home for a period of 45 days. However, states have the option to continue TANF funds for no less than 30 days and no more than 180 consecutive days. To do so, states must specify in their TANF plans what period of time and what good cause exceptions they have selected. A state may establish a period longer than 180 days and provide assistance with state maintenance of effort funds.

According to the State Policy Demonstration Project (SPDP 1999), states have made the following choices:
- no limit on the duration of child’s temporary absence from home 5 states
- allow absence of 180 days 8 states
- set time limits shorter than 180 days 38 states

Of the 46 states that limit the duration of a temporary absence, 34 have exceptions allowing for a longer absence under limited circumstances.

During the time a child is absent from the home of a TANF-eligible family, the family may continue to receive services funded by TANF such as family preservation, parent training, or counseling. However, the state may not provide child care for the absent child (APHSA 1999).

PRACTICE EXAMPLES
Policies Regarding Children Absent from the Home
- In Nevada, the child welfare and public assistance divisions collaboratively developed a policy that allows children in the custody of the child protective agency, whose parents are on TANF, to be absent from the home for up to 180 days. However, to continue to receive assistance for the absent child, a plan for reunification must be established. (Rosaschi 1998).
- Maryland opted to establish a good cause exception to allow children to exceed the 180 day limit under certain conditions: when the absence is for educational or treatment purposes; approved by the Secretary of Human Resources; the parent does not relinquish responsibility for the child; and the removal of the child from the “assistance unit” creates a hardship for the child’s family (MD DHR 2000).
Drug and Alcohol Issues

Significance
Substance abuse by parents is one of the most pervasive problems impacting the child welfare system today. An estimated 50 to 80% of the children in the child welfare system have families with alcohol and drug problems (Legal Action Center 1999). While parents, especially mothers, abuse alcohol and other drugs at lower rates than do persons without children, there are 8.3 million children living with parents who abuse substances. Approximately 30% of these children come into contact with the child welfare system (Jaudes, Ekwo and Voohis 1995; HHS 1999b).

A 1997 CWLA survey indicates that at least 52% of placements into out-of-home care were due in part to parental substance abuse (CWLA 1998). As many as 80% of prenatally drug exposed infants will come to the attention of the child welfare system before their first birthday (Kelleher et al. 1994).

In a profile of welfare recipients served by 20 drug treatment programs for women in seven states, 46% were involved in the child welfare system, 48% had been victims of domestic violence, and 38% had a mental illness in addition to their alcohol or drug problem (Legal Action Center 1999).

According to studies conducted prior to 1997, 16-37% of the nearly 4 million women on welfare at that time experienced substance-related problems. This percentage is likely to grow as people who have no significant barriers to work move off welfare and those with substance abuse and other problems increasingly comprise the remaining caseload.

Relevant Provisions of the Law
- Individuals with drug felony convictions that occurred after August 26, 1996, are ineligible for TANF and food stamps unless the state enacts legislation to opt out of or modify the ban. States have addressed the ban as follows (Legal Action Center 1999):
  - deny benefits to persons convicted of drug felonies 24 states
  - modify the ban 18 states
  - opt out of the ban entirely 8 states

- States are authorized, but not required, to test welfare recipients for illegal drug use and to sanction those who test positive. Options chosen include:
  - randomly test individuals with drug felony convictions 4 states
  - have other drug use screening plans 26 states
  - rely on self-declaration of being drug-free 3 states
  - have no drug use screening plans 16 states

(Legal Action Center 1999)
TANF offers states opportunities for the provision of drug and alcohol treatment services if these services provide “assistance to needy families so that children can be cared for in their own homes or in the homes of relatives” (Legal Action Center 1999).

In addition, the 1997 welfare-to-work law\footnote{Created in Title V of “The Balanced Budget Act of 1997” (P.L. 105-33) and appropriated $3 billion for Fiscal Years 1998 and 1999.} targets individuals requiring substance abuse treatment for employment. Alcohol and drug treatments fall within the scope of “job retention and supportive services” and are authorized within the law as long as they are not medical services (Legal Action Center 1999).

**PRACTICE EXAMPLES**

### Substance Abuse Treatment Collaborations

- **Maryland** has a waiver to use federal funds (Title IV-E) to provide substance abuse treatment services to the parents of children who are at risk of placement, or have been placed, in foster care and are eligible for IV-E funds. In addition, Maryland’s state TANF plan describes a “non-assistance” substance abuse treatment program for those who are not eligible for services through the IV-E waiver and who have incomes within 200% of the federal poverty level. The program provides non-medical intensive case management and supportive services to mothers whose children are in foster care or at-risk of being placed in foster care. Children of parents who abuse substances also receive treatment and support services to overcome the trauma of physical abuse, sexual abuse and neglect that may occur as a result of living in a home with substance abuse. Three treatment options include residential treatment for up to 8 months with or without children, a 28-day intermediate care facility, and an intensive outpatient program (90 days to 9 months) (Maryland Department of Human Resources 2000).

- **New Jersey** is implementing the Work First New Jersey Substance Abuse Research Demonstration in two pilot sites. In this program a “treatment group” of persons with drug and alcohol problems who are on TANF will receive enhanced services. These services may include intensive clinical support and supervision during and after treatment; linkages to primary care and mental health screening and treatment; treatment focused on domestic violence issues (if appropriate); family focused treatment, including a dedicated focus on the children of the women in treatment; and linkages with employment and work readiness activities. A control group of TANF recipients will receive only standard substance abuse services. The Demonstration includes a comprehensive evaluation funded through a grant from the Annie E. Casey Foundation (Caliwan 1998).

- Programs that treat parents and children in residence allow extra time for a family to be rehabilitated while remaining together. TANF funds are being used to assist in funding a number of such programs in substance abuse treatment centers around the country. For example, in **Long Beach, California**, Tarzana’s Women and Children’s Residential Program is funded through four sources—Substance Abuse Block Grant (50%), TANF (40%), the Ryan White CARE Act (5%), and client payments (5%). It is designed to meet the unique needs of women and children. Pregnant and parenting women are admitted with their children and stay an average of 180 days. Multiple treatment services are offered in a therapeutic community, including work and work preparation activities, experiential learning in Continued
parenting and child development at an on-site nursery cooperative. Outpatient services and supportive aftercare services are part of the program (Legal Action Center 1999).

- North Carolina has designed an ambitious initiative that places Qualified Substance Abuse Professionals (QSAPs) in every county Department of Social Services office. The QSAP positions were created as part of the state's 1997 Work First Substance Abuse Initiative, and are employed by 40 local Mental Health Authorities across the state. By April 1999, 61 QSAPs had become the linchpins in the screening, assessment, treatment planning, and care coordination for Work First participants with substance abuse problems. The QSAP program increased TANF staff capacity to identify and address substance use among participants and redefined the character of services provided to participants who abuse substances. The Substance Abuse Services Section of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services funded the recruitment, training, and deployment of the QSAPs for each local Mental Health Authority. Salaries for the QSAPs are paid for by TANF block grant funds.

- In a Survey of State TANF Client Assessment Practices, the American Public Human Services Association found that all 52 states responding (48 states, the District of Columbia, and 3 US territories) conducted specialized assessment of TANF recipients in the area of substance abuse status to determine potential barriers to self sufficiency. Fifty of the responding states conducted mental health assessments (Brawley 2000).

## Domestic Violence Issues

### Significance

Domestic violence plays a significant role in the lives of many women on TANF and many families involved in the child welfare system. Studies have found that the lifetime prevalence rates of domestic violence for women on TANF range from 48 to 63%. For these same women, current rates of domestic violence range from 10 to 31%, while nationally, only 3.2 to 3.4% of all women over age 18 report current severe physical abuse (Danziger et al. 1999). A 1997 study found that abused women were 10 times more likely to have a current partner who did not like her going to school or work compared to women who had never been abused. The study also reported that health and mental health problems faced by abused women could interfere with their ability to work (Raphael 1999b).

Studies indicate that domestic violence is present in at least one third of the families involved in the child protective services (CPS) system. Yet, until recently, CPS programs have not directly addressed domestic violence; and domestic violence programs have historically emphasized services for battered women, with limited understanding of the child safety goals of CPS. Despite these historical differences, collaborative efforts between CPS and domestic violence service programs are emerging. Welfare reform requirements and allowances related to
domestic violence provide states with an opportunity to assist both parents and children involved in domestic violence.

**Relevant Provisions of the Law**

- Recognizing that domestic violence can be a barrier to employment, welfare reform regulations allow states to adopt the Family Violence Option (FVO). If states choose to adopt the FVO, they must:
  - screen and identify individuals who are or have been victims of domestic violence; and
  - refer these individuals for appropriate counseling and supportive services.

States are allowed to waive certain TANF requirements, such as time limits and work participation provisions, for victims of domestic violence. These requirements may be waived “as long as necessary” if compliance with such requirements would make it more difficult for individuals receiving assistance to escape domestic violence or would unfairly penalize the domestic violence victim (Woolverton et al. 1998).

- States that provide “federally recognized good cause domestic violence waivers” are not penalized for exempting domestic violence victims from federal time limits and work participation requirements. For example, the legislation allows states to extend assistance for up to 20 percent of all TANF recipients beyond the 60-month time limit; however, if the amount by which the state exceeds the 20 percent limit is attributed to domestic violence waivers, the state will not be penalized (Schott et al. 1999).

- To be “federally recognized”, a state’s FVO must identify the program requirements that can be waived for victims and must assure that a formal assessment and service plan is done by a person trained in domestic violence. When appropriate, the service plan is designed to lead to work; however, it may set forth activities that move the TANF recipient toward safety, and not necessarily toward immediate employment, depending on the circumstances.

- By the spring of 1998, 31 states had chosen to implement the family violence option (FVO) allowed by the welfare reform regulations, and nine additional states were planning, or in the process of doing so, within the next year. Ten additional states had policies related to domestic violence that did not differ significantly from those states that had formally adopted the FVO. Thus, almost all states had either adopted the FVO or adopted comparable policies without certifying acceptance of the FVO (Raphael 1999a).
Domestic Violence Services

Early screening for domestic violence, development of a service plan, and referral for services creates an opportunity for TANF agencies to reach and serve domestic violence victims at an earlier stage, as well as an opportunity to offer counseling and support services for their children who have witnessed or been involved in the violence. In most states, TANF recipients who receive work deferrals, waivers, or time extensions as a result of the FVO are required to participate in domestic violence services. However, for many victims, simply getting to domestic violence services can be difficult (Raphael 1999a). Situating domestic violence services at the welfare office may help.

- Trained domestic violence advocates from local programs are or will be located in some welfare offices in Iowa; Kansas; Massachusetts; Oregon; Chicago, Illinois; Modesto, California; San Antonio, Texas; and Orlando, Florida. New York has created 200 new domestic violence/welfare reform positions, amounting to one to two persons per county. Pennsylvania also has provided new funding for additional staff from domestic violence programs to serve as liaisons with some local welfare departments (Raphael 1999a).

Trained domestic violence advocates engage in such activities as: assisting women in developing safety plans for themselves and their children; accompanying or referring women for appropriate services; and assessing the impact of the violence on the children and referring them to appropriate services.

In states where domestic violence disclosure rates are available, the rate of disclosure to TANF workers by TANF recipients is significantly lower than reported in numerous research studies. Researchers question whether women who are victims of domestic violence will feel safe enough to disclose domestic violence to welfare workers in a welfare department office, in part due to fear of intervention by the child protection system. Evaluations of demonstrations such as those listed above, which offer assessment and follow-up services by domestic violence advocates, will allow comparisons with disclosure rates to welfare workers (Raphael 1999a). Another outcome to follow in evaluations is the identification of and follow-up services for children who need counseling and support services.

In response to a survey that indicated that 1/3 of the welfare recipients in El Paso County, Colorado had been a victim of domestic violence, the Department of Human Services contracted with the Center for the Prevention of Domestic Violence to provide client services, staff training, and individual case consultation. Funded as part of the county’s welfare reform initiative, the contract also assists in the development of additional domestic violence-related community resources such as emergency housing and treatment/support groups. Services provide a culturally relevant emphasis and include Spanish-speaking and Asian-Pacific focused services. The county has found that services from skilled domestic violence professionals help bridge the gap between child protection, protection of the adult victim, and opportunities for economic independence. Staff are now identifying and addressing domestic violence within the welfare and child welfare caseloads in much greater numbers.
Teen Parents

Significance
Teenage child bearing is an important policy concern because it affects not only the mother’s life, but her child’s as well. Both mother and child present special vulnerabilities. Also, outreach to teen fathers is critical.

Numerous research studies have shown that the children of teenage parents are at increased risk for low birth weight, health problems, abuse and neglect, school challenges, teen pregnancy themselves, and incarceration at a young age (GAO 1998b). Children of teen parents also are at a higher risk for placement in foster care: e.g., in Oregon, 45% of children entering foster care came from parents who had their first child as a teenager.

Studies have shown that teen mothers are more likely to be depressed than adult mothers (Christensen 1998) and that young people with early-onset mental illness are more likely to have children in their teenage years (Kessler 1997). Even though teen parents compose only a small percentage of current welfare recipients (about 7 percent) (Levin-Epstein 1996), nearly half of all teenage mothers go on welfare within 5 years of becoming parents, and nearly half of all welfare recipients gave birth as teenagers (GAO 1998b). HHS reported to Congress in 1998 that “historical data suggests that teen mothers 17 and under who give birth outside of marriage are more likely to go on welfare and spend longer on assistance” (Kaplan 1997).

Welfare reform regulations provide flexibility and resources to design multiple strategies to prevent teen pregnancy and for services to support and enable teen parents. To comply with welfare reform regulations, teen parents, who are unable to live with relatives or guardians, will need help in locating adequate adult-supervised homes. The experience of child welfare staff in assisting youth with independent living skills, in finding and monitoring independent living settings for teens, and in developing programs for teen parents can be applied to working with teen parents in the TANF program.

Relevant Provisions of the Law

- Unmarried, custodial, teen parents who are minors are ineligible for federal TANF assistance unless they meet two requirements. One relates to participation in schooling/training. The other addresses the minor’s living arrangements. Both are discussed here.

1. Participation in schooling/training
   - To receive federal TANF assistance minor parents must attend high school or participate in an alternative education or training program.

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### Teen Parent Statistics

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| Teen fertility rate (birth/
  1,000 females ages 15-19)   | 56.8  |
| Percent of teen mothers who   |       |
| go on welfare within 5 years  | 50%   |
| of giving birth               |       |
| Percent of welfare recipients |       |
| who gave birth as teens       | 50%   |

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- These minor parents have 12 **weeks** after the birth of a child to find childcare and return to school or training. (Single custodial adults on TANF can be exempt from work requirements for up to 12 **months** after the birth of a child.)

- No child care provisions in welfare reform regulations are specifically tailored for teen parents. As with adult parents, there is no guarantee of child care when it is necessary to facilitate participation in mandated work, training, or educational activities.

2. Minor’s living arrangements

- To receive TANF assistance, unmarried, custodial, minor parents are required to live with a parent, legal guardian, or adult relative, or in another adult-supervised setting. However, state exemptions are available, and states have enormous flexibility in designing their policies and practices related to this (Raphael 1999a).

- States may use TANF funds to assist teen parents in locating or providing payment for “second chance homes” or alternative adult-supervised living arrangements if they are unable to reside with a parent. In almost all states, living in an adult supervised setting (such as second chance homes) meets the living arrangement policy requirement (Raphael 1999a).

- States must determine if a minor parent is exempted from the living arrangement rule when she is not living with a parent, relative, or guardian. The determination includes whether an exempt minor parent should be required to live in an alternative adult-supported living arrangement or should be approved for independent living. Nine states utilize the child welfare agency to assess the minor’s living arrangement and make this determination (Raphael 1999a).

- Teen parents, who are considered heads of household or are married to a head of household, are subject to the same time limits as adults who receive TANF (60 months, or less in many states). State, rather than federal laws, define “head of household” and have discretion in determining whether a minor parent, who is subject to adult supervision, should be counted as a head of household. Twenty states automatically consider a minor parent as a head of household if she lives in an adult supervised setting, 30 do not (Raphael 1999a).

- One purpose of the TANF legislation is “to prevent and reduce the incidence of out-of-wedlock pregnancies.” Services related to accomplishing this purpose are not limited to needy families or individuals; thus, for this purpose, a state may use Federal TANF funds to serve any families or individuals. Among the kinds of activities cited by HHS as applicable to this purpose are counseling, teen pregnancy prevention campaigns, and after-school programs that provide supervision when school is not in session (HHS 1999a).
Teen Parent Living Arrangements

States may use federal funds to assist teen parents in locating and providing payment for alternative adult-supervised living arrangements, sometimes referred to as “second chance homes,” if the teen is unable to live with a parent or guardian.

- **Massachusetts**, the Teen Living Program (TLP) provides statewide alternative living arrangements for teen parents between the ages of 13 to 19 who are applying for Massachusetts TANF (TAFDC) and who cannot live with their parents or guardian. The program, a joint effort of the Massachusetts Department of Transitional Assistance and the Department of Social Services, operates with a state allocated budget of $5.2 million, provides 110 beds at 22 sites across the state, and includes space for 10 emergency placements. Goals of the program are to provide teen parents and their children with a safe and supportive living arrangement, to assist parents in developing life and parenting skills, to delay repeat pregnancies, and to successfully complete high school or obtain a GED. Teen parents are involved in the planning, development, and evaluation of the program's services. Other services are provided for teens that have lost benefits due to welfare reform regulations and for teens in emergency situations. TLP provides case management and follow-up services including tracking former participants for 3 to 5 years after they leave the program (Raphael 1999b).

- **Maryland** uses commingled funds (federal TANF funds, state maintenance of effort (MOE) funds, and other non federal funds) for the Second Chance Homes Project that was established as a collaborative effort among several agencies to develop independent living skills for teen parents, age 16 to 18, who receive temporary cash assistance. Four units in a row house serve as living quarters for these teens and their children. They can live in the apartment for up to 2 years, or until graduation from high school, whichever comes first. Teens must attend school while living there. Stipend and support services are provided (MD DHR 2000).

- **Michigan, New Jersey** and **Vermont** also are addressing alternative living arrangements. **Michigan** changed its welfare law to allow second chance homes as an alternative for teen mothers. Detroit received $2.8 million from the U.S. Department of Housing and Urban Development and $110,000 from the Michigan Housing Development Authority to support these homes. **New Jersey** is developing a proposal for a model for second chance homes similar to the foster care model. In this proposal teen parents, who are able to document the unfeasibility of living in their own homes, would live with their children in other private homes. The homes would receive a monthly stipend (Kaplan 1997). **Vermont** has developed an interagency agreement between the child welfare and TANF agencies to better serve TANF minor mothers and address the living arrangement requirements of the federal legislation. TANF funds the specialized foster homes, which are available to minor parents who are not in custody of the state. Placement in these homes is on a voluntary basis and provides close supervision to the teens at a lower cost than the state would pay to place the teen in a residential care facility.

Research

The 1996 federal welfare reform legislation authorized the Secretary of the Department of Health and Human Services (HHS) to conduct a national study of children who are at risk of abuse or neglect or are in the child welfare system. This study, the National Survey of Child and Adolescent Well-Being, is designed to address crucial program, policy, and practice issues. It will collect and analyze nationally representative longitudinal data from first-hand reports from children, parents and other caregivers, as well as reports from caseworkers and teachers. The study will describe the child welfare system, the characteristics and experiences of children and families who come in contact with the system, and the outcomes achieved. The study will sample 6,000 children, ages birth to 14 years, who enter the child welfare system between September 1999 and September 2000. These children and additional 700 children, who have been in out-of-home placement for a year, will be selected from 107 counties nationwide. The major research questions include:

- Who are the children and families that come into contact with the child welfare system?
- What are the pathways and services children and families experience while in the child welfare system?
- What are the short- and long-term outcomes for these children and families?

Fiscal Issues

Although welfare reform made few changes to federal child protection programs specifically, provisions of the legislation have potentially far-reaching effects on the child welfare system and may both directly and indirectly affect the financing of child welfare services (Geen and Boots 1997). Federal welfare reform regulations place constraints on the use of TANF program funds for some child welfare-related activities, while also allowing new opportunities to fund a wide range of other services under the four purposes of the Personal Responsibility and Work Opportunity Reconciliation Act (APHA 1999). This section discusses how welfare reform may alter funding sources for child welfare services and other child-serving systems.

Funding Opportunities

Relevant Provisions of the Law

Provisions related to the potential funding opportunities and increased flexibility allowed by welfare reform include the following:
Welfare reform regulations provide states with the flexibility to
determine who will receive services and to design services based on
needs within the state. This policy offers much greater flexibility than
was available through the prior entitlement programs. Section 404(a)
of the statute provides that a state may use the TANF grant in any
manner that is “reasonably calculated” to accomplish any of the four
purposes of the TANF program. To recap, these four purposes are:

1. To provide assistance to needy families so that children may be
cared for in their own homes or in the homes of relatives.
2. To end the dependence of needy parents on government benefits by
promoting job preparation, work, and marriage.
3. To prevent and reduce the incidence of out-of-wedlock pregnancies
and establish annual numerical goals for preventing and reducing
the incidence of these pregnancies.
4. To encourage the formation and maintenance of two-parent
families (APHSA 1999).

In support of these goals, states may use their funds to fill gaps in the
service delivery system, integrate program services, and supplement or
enhance the services available through other programs (HHS 1999a).
While the first two purposes of the Act apply to “needy” families,
purposes (3) and (4) do not have a needs-based test. Therefore, federal
TANF funds can be used to benefit the entire population of a state to
meet the last two purposes of the Act (APHSA 1999).

Family preservation, foster care, and adoption payments are examples
of expenditures that may meet the first purpose of the Act; however,
unless authorized in approved Title IV-A or IV-F plans, states may
not use federal TANF or state maintenance-of-effort (MOE) funds to
provide assistance to children living with non-relative caretakers
(APHSA 1999).

Federal regulations include examples of allowable TANF expenditures.
“Such assistance could include family or individual counseling services,
parenting training to improve family functioning, referrals to outside
service providers who could help the child or family at-risk to function
better, and associated case management activities” (64 FR, 17831)
(APHSA 1999).

Crisis mental health services previously funded with Title IV-A
Emergency Assistance funds, can be provided with TANF funds if
they enable needy children to remain with their families (first purpose
of the Act).

2 A “needy” family is one that meets the income and/or resource standards established by
the state in its TANF plan. The federal regulations provide states with the flexibility to
define the criteria or standards to qualify as “needy”. A state may establish different
standards for different TANF benefits and services.
I. After school programs or community resource centers may be funded with federal TANF funds to meet the third purpose of the federal legislation-prevention or reduction of “out-of-wedlock pregnancy” (APHSA 1999).

II. TANF experts recommend that when considering the use of TANF funds, states first identify whom they want to serve, how they want to serve them (what services to offer), and the anticipated costs. A second step is to determine whether TANF funds are an appropriate resource (based on prohibitions and allowable uses) (Ryan 1999).

### PRACTICE EXAMPLES

#### Funding Opportunities

- **Michigan** offers several child welfare-related services funded by TANF to meet the purposes of the Act. These include:
  - Emergency foster family care or residential group care for children separated from their parents, if such care cannot be provided under Title IV-E;
  - Teen parent counseling;
  - Services intended to prevent removal of children from their homes, including both clinical services and services such as housing and transportation;
  - Other in-home services such as counseling, parenting services, case management, wraparound, mentoring, respite care, family preservation, and family support services;
  - Relative placements—assistance to relatives to enable youth to be cared for by extended family members;
  - Domestic violence services; and
  - Adoptive parent support services—grants and services to promote the well-being of adopted children and help adoptive families avoid a crisis that could result in out-of-home placement (the child’s income is used to determine eligibility) (State of Michigan 1998).

- **Maryland** has commingled funds to offer a number of programs, including In-Home Aide Services. A component of this program provides parent aides who intervene to prevent child abuse and neglect by providing hands-on service, including help with children or homemaking tasks when parents are unable to perform these activities. This practice enhances the chances that the home will remain a safe environment for the child and provides more opportunities for parent child interaction (Maryland Department of Human Resources 2000).

### Potential Funding Constraints

#### Relevant Provisions of the Law

Welfare reform also presents potential funding constraints for the child welfare system and other child-serving systems.

- While states may use TANF or state maintenance of effort (MOE) funds to supplement services provided by other programs, they may not use them to supplant or satisfy required state matching in other...
programs. Also, TANF funds may not be used to supplant state spending in Title IV-D or IV-E, nor can TANF funds be transferred to another federally funded program without specific authority (Hutson 1999).

- Welfare reform reduced the Social Services Block Grant (SSBG) by 15 percent (although states can transfer some TANF funds to the SSBG) and abolished the Emergency Assistance (EA) program under Title IV-A, rolling these funds into the TANF block grant. SSBG funds are used for a variety of social services, including child welfare. Many states also used Title IV-A, emergency assistance funds for child welfare services, particularly family preservation and other child abuse prevention programs, and for crisis mental health services. State child welfare agencies now will be competing with other state agencies for EA and SSBG funds (Tweedie et al 1998).

- The legislation also reduced the number of children who qualify for Supplemental Security Income (SSI) by eliminating eligibility based on use of the individualized functional assessment and requiring children to meet strict medical criteria (See Chapter I of this document for further detail). Since SSI eligibility ensures eligibility for adoption assistance, states may lose federal reimbursement for adoption assistance payments made on behalf of children found ineligible for SSI, unless the children also meet 1996 AFDC income eligibility standards. In addition, states factor in receipt of SSI when determining foster care and adoption assistance payments to families. Loss of federal SSI benefits will increase the state’s portion of these payments (Geen and Boots 1997).

- A child’s eligibility for Title IV-E foster care assistance is now based on AFDC eligibility criteria that were in effect on June 1, 1995. As the economy grows, fewer children may meet the 1995 income criteria, thus reducing the number of children who will qualify for Title IV-E and increasing the investment of state dollars in the child welfare system.

Excellent resources for further information on fiscal issues include:

- Financing Child Welfare Services Under TANF, prepared by Elaine Ryan, American Public Human Services Association, October 1999; and

Further Implications and Observations

Of utmost importance to the success of families and children affected by welfare reform is communication among the various systems that impact their lives. This is especially true for families involved in the child welfare system. In the absence of adequate communication and collaboration among service systems, differing values, practices and requirements can make it difficult for families to meet their own needs and to satisfy the requirements of each separate system.

Time Frames and Ticking Clocks

Parents who receive TANF and whose children are in, or at risk for, custody of the child protection system also may receive services from the substance abuse, mental health, domestic violence, court, and early childhood systems, among others. Faced with multiple demands and timelines for compliance, they may be forced to choose between efforts to obtain and maintain work, visiting with their children in foster care, attending court hearings, stabilizing their home situations, participating in a child’s school activities, or participating in treatment. Examples of these individual system demands are described below (Young and Gardner 1998).

- **TANF**—Work participation is required within 24 months or sooner. Failure to participate can result in sanctions and loss of fiscal and/or medical benefits. No benefits are available after receiving 60 months of assistance (less in some states). Interventions focus on preparation for the work force. However, obtaining and keeping employment may not be possible without additional services for problems such as mental illness or substance abuse, or services for children with special needs.

- **Child Welfare**—The clock established by the Adoption and Safe Families Act ticks toward six month reviews; permanent plans established within 12 months of placement; time limited reunification services that are available for 15 months; and petition for termination of parental rights after a child spends 15 of 22 months in foster care (unless compelling reasons exist not to petition for termination of parental rights). Interventions focus on the child. Child safety and permanency are the primary goals of intervention.

- **Drug and Alcohol**—Treatment is viewed as one day at a time. Recovery is a life long process with relapses and reoccurrence expected and planned for. Interventions focus on the parent who needs substance abuse services.

- **Mental Health**—Treatment organized in a community-based system of care provides continuous care and supports that focus on the entire
family with a goal of initial symptom relief and the hope of long term improvement. However, in many states and communities the implementation of managed care or other constraints have limited the availability of services and supports to only basic mental health services and brief interventions.

- **Domestic Violence**—TANF rules allow temporary exemptions from work requirements while parents receive services to eliminate the violence in their lives. Resolution of the violence and its effects on the family may take some women much longer than others. Devising individualized plans is difficult in the current welfare reform environment, which most often stresses immediate engagement in work (Raphael 1999a).

- **Early Childhood Development**—Children have their own developmental timetables which are not governed by service system demands. Bonding and attachment are critical during the early years of life. Decisions about change in a child’s life must include an assessment from the child’s point of view and stage of development.

Consequences for not meeting certain requirements within specific time frames are dire—from sanctions in the TANF system, which may result in loss of benefits and/or Medicaid, to termination of parental rights in the child welfare system. Recognizing the connections between these multiple “ticking clocks” that families must adhere to, many states and communities are working on strengthening communication among systems.

**Holistic Family Approach**

As demonstrated in the examples above, for families to survive and prosper in this era of multi-system reforms, it is critical to view families holistically, rather than through the lens of a single service system. To do so entails a family-centered approach, based on a comprehensive assessment of whole family strengths and needs.

Communication between systems is especially important at significant times in the life of a family receiving TANF assistance, e.g.,

- when parents are looking for appropriate child care,
- when parents and/or children enter or leave mental health treatment,
- if an episode of domestic violence occurs,
- when children are absent from the home,
- when families are sanctioned or leave the TANF rolls for other reasons, or
- if a child is nearing 15 months placement in foster care.
States and communities are employing numerous strategies to encourage a holistic view of families and cross-system communication by:

- sharing staff;
- co-locating individuals from one system with those from another system;
- creating “one stop” centers where families can have access to services from multiple systems;
- cross-system training events;
- developing individualized, flexible services through joint planning, staffing and the expanded use of TANF funds, or by co-mingling TANF funds with other state and local dollars; and
- creatively addressing the needs of families who care for their relative children.

Further Implications and Observations

**Welfare Reform:** Exploring Opportunities for Addressing Children’s Mental Health and Child Welfare Issues

**Cross-System Approaches**

- The Vision 2000 program in Kentucky allows communities to blend services to best meet the needs of families, children, and vulnerable adults. This goal is accomplished through cross-training and co-locating TANF, child support and child welfare workers, and by matching cases that these agencies have in common. The state also provides additional services including food stamps and Medicaid for children if their families have been sanctioned (Kaplan 1998).

  A “safety net” has been created for families who have not engaged in work participation within the 24-month time requirement. When payments to TANF recipients who have not responded to the work participation requirement are discontinued, the TANF case manager and a child protective services worker visit the family to determine whether they have adequate food and shelter. If the family is in trouble (e.g., the electricity is being turned off) payments will be made directly to the vendor. The former TANF recipient is encouraged to reapply for TANF and to develop a plan for complying with the work participation requirements. If the children are in danger, the family is referred for child protective services. In Kentucky payments are discontinued to approximately 60 to 70 families per month for failure to comply with work participation requirement.

- A number of TANF offices around the country have been set up as “one stop shopping” locations, in which providers from multiple service systems work together in one location so that TANF recipients have access to a variety of services simultaneously. Clients may be able access service systems such as childcare, child support enforcement, child welfare, and mental health. (The one-stop model in Ventura County, California is described in Chapter 1 of this document.)

- Delaware and Nebraska have created an interface between their automated information systems that contain data related to families on TANF and those involved in the child welfare system. In Delaware child welfare staff can determine if a child is part of a family on TANF, and TANF workers can determine if a child is active with the child welfare system. This collaboration helps ensure that duplicative or counterproductive services are not being provided. In Nebraska when a family is on TANF and involved with the child welfare system, each Economic Assistance Plan must be jointly developed by both systems. Contacts: Delaware, Chip Colvin, Department of Social Services, 302/577-4880, ext. 232, or ccolvin@state.de.us. Nebraska, Dan Cillessen, 402/471-9270 (Kaplan 1998).
Conclusion
Welfare reform offers the potential for earlier intervention with families and children, for collaboration among systems in meeting service needs, and for child welfare agencies to take a leadership role in working with others to maximize the opportunities. As El Paso County, Colorado wrote in a description of its approach, “we have concluded that TANF must be the primary prevention program for child welfare and that child welfare must become an antipoverty program. To accomplish these two goals, we need strategies that unite and restructure both programs into a common system” (Berns and Drake 1999). The county further describes the need to work with multiple community support services, outside of the child welfare and TANF agencies, in order to obtain better outcomes.

As welfare caseloads across the country shrink, many of those left on welfare face the greatest obstacles in finding work, including parent and/or child mental health problems, learning disabilities, and substance abuse issues. It becomes even more important to look at the needs of all family members and connect them to appropriate services, rather than focusing on only the needs of the head of household. TANF, child welfare, mental health, substance abuse services and other partner agencies are looking at new ways to help families make progress toward self-sufficiency.

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